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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
erti	ified Copies Certificates of Status
Spo	ecial Instructions to Filing Officer:
	o To Carrows
	Practice Evaluation (Inc.)
	Postment – Examiner Doo
	Updater Office Use Only
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
	mited Liability Company)	
The enclosed Articles of Organization and in Please return all correspondence concerning		
BRANEY J TROYER (Name of Person)		
BKT TANKSTOWNS (C) (Firm/Company)		03 JUL SECRET TALLAIN
541 PECK AVE (Address)	; ; 	TILED UL -3 AM 8: 00 ETABY OF STATE ARESSEE, FLORIDA
FF. Myus, FC 33919 (City/State and Zip Code)		F OO RIDA
For further information concerning this mat	tter, please call:	
BRAISING J. TROYER (Name of Person)	at (<u>239</u>) <u>574-2320</u> (Area Code & Daytime Telephone N	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Principal Office Address:	<u>Mailing</u>	Address:	
541 Peck goe		SAME	
Ft. Myers, FL. 33919	<u> </u>		-
ARTICLE III - Registered Agent, For the name and the Florida street addre		_	
		_	O3 SECR
The name and the Florida street addre	ess of the registered agent ar T. Thought Name Aue.	e:	O3 JUL SECRETIA ȚALLAHA:
The name and the Florida street addre		e:	O3 SECR

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:						
MGLM	BLADLEY J. TREYER 341 Peck Ave Pt. nyes, FC 33919						
Menher	STT Peck Ave Franyers, FC 33919						
·							
							
(Use attachment if necessary)	CRETAL LAHAS						
NOTE: An additional article must be	added if an effective date is requested. $\mathbb{R} \stackrel{\wedge}{\mapsto} \mathbb{R} \stackrel{\wedge}{\mapsto} \mathbb{R}$						
REQUIRED SIGNATURE:	STATE FLORIDA						
Signature of a member or an authorized representative of a member.							
of this document constitute that the facts stated herein							
Beasur Type	d or printed name of signee						
	Filing Fees: 100.00 Filing Fee for Articles of Organization 125.00 Designation of Registered Agent 3 30.00 Certified Copy (Optional)						

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)